

THE “FORGOTTEN MAN” OF THE CIVIL WAR: THE SOUTHERN EXPERIENCE

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DISEASE, disability, and death were constant companions of the Civil War soldier, and made this the costliest conflict in American history. Approximately 620,000 were killed: 360,000 Union and 260,000 Confederate. Additional thousands who died later from disease and injury incurred during the hostilities raised this figure incalculably higher and make the losses from America's other wars seem pale in comparison.¹ Reasons for such unequaled carnage are the fratricidal conflict, the emotional involvement of the participants, and the state of contemporary medicine. Allan Nevins perhaps came closest to capturing the magnitude of the holocaust, writing: “We have lost not only these men, but their children, and their children's children....We have lost the books they might have written, the scientific discoveries they might have made, the inventions they might have perfected. Such a loss defies measurement.”²

Because of a penchant for what Nevins called war's “glorious” over its “terrible,” the Civil War has, in most cases, been described in terms of sacrifice and bravery. The “pomp and pageantry, [and] innumerable tales of devotion and heroism” of “the glorious” fire the imagination, he explained, while “the squalor, the stench, and the agony” of “the terrible” cause one to recoil in horror.³ That the Civil War provided a stage for acts of inspiring valor cannot be denied, but heroics took place against a backdrop of unparalleled butchery. It is the latter that indelibly etches the stark reality that this was the bloodiest of all American wars and was, in Nevins' words, “a terrible reproach to American civilization.”⁴ Nowhere is this sobering lesson better borne out than in the experiences of the battlefield physician.

The nation's doctors without warning were plunged into a modern war with its unprecedented medical problems at a critical turning point in American medical history. Out of this era of transition, which saw estab-

lished beliefs and practices come under increasing attack, was to emerge the beginnings of modern American laboratory medicine. On the one hand, younger physicians in growing numbers questioned both the therapy and theoretical foundations of the existing schools of medical thought. On the other hand, older physicians remained steadfast in their classification of diseases on speculative grounds and treatment based in part on speculation and in part on empirical relief of symptoms. Not until pending developments in pathology took place would the metaphysical nosologies of the latter give way to a pathologic physiology compatible with rational therapy. In the meantime, a majority of the prevailing therapeutic measures, puking, purging, bleeding, and large doses of potentially dangerous drugs in particular, met with little success in the day-to-day struggle against common complaints and failed miserably when confronted by yellow fever, cholera, and typhoid fever, the great killer epidemics of 19th century America. Not surprising, patients increasingly considered their cases ill-managed, making them ready victims for the period's multitude of medical sectarians.⁵

The quality of military medicine had actually deteriorated in the half-century preceding the Civil War. This had been an era of little combat, and when war erupted in 1861 the army medical service existed more in name than in fact. The Confederacy, of course, built one from scratch. But, from an admitted modern perspective, the cruelest blow of all to the Civil War soldier was that the life-saving antiseptic management of wounds, growing out of the research of Pasteur and Lister already under way, came too late to be of help. Consequently, any serious injury to a limb meant amputation and the distinct possibility of death from one of the so-called "surgical fevers"—gangrene, erysipelas, or pyemia. Abdominal wounds were especially feared and constituted an almost certain death sentence.⁶

The Civil War's toll of misery and death was most evident in the Confederate Army, for the Southern medical officer labored under the added burden of an inadequate medical staff, near-crippling shortages of medicines and medical stores, and a steadily worsening military situation. Only rarely did he have the means necessary to perform his duties to his full professional and personal satisfaction. In recalling his practice, one Confederate surgeon observed: "As to methods, I may say, as a general statement, that we aimed to conform to the science of the time, though the restrictions to which our ever-increasing necessities subjected us often

forbade the practice of it. We did not the best we would, but the best we could.’’⁷ A modern student of Civil War medicine has written in agreement: “The pitiful aspect of Confederate medicine is that with all their limitations of knowledge, limitations common to the whole medical profession of the time, the army doctors could have saved so many more men if only circumstances had not combined against them.”⁸ Disastrous as its results often were, the practice of the beleaguered Confederate doctor is of immense importance, especially in its support of Nevins’ plea for fuller attention to the Civil War’s darker aspects to reach a true perspective on “the greatest convulsion in our history.”⁹ The present examination of the largely ignored experience of the Southern combat physician attempts to provide this support.¹⁰

Recruitment of trained physicians for military service was one of the most pressing problems confronting Confederate officials. When Samuel P. Moore became Surgeon General in the spring of 1861 his Medical Corps numbered only 26.¹¹ A major obstacle was the fiery patriotism of the South’s doctors. Many, like LeGrand Wilson of Mississippi, who served for nearly a year and a half as an officer in companies of the 1st and 42nd Mississippi regiments before accepting a surgeon’s commission, put aside their professional training to serve at the front.¹² The experience of Simon Baruch, a graduate of the Medical College of Virginia in 1862 and later founder of the New York Polyclinic Hospital, documents the magnitude of Moore’s predicament:

The great need of army surgeons may be understood by you when I tell you that before ever treating a sick person or even having lanced a boil and still under the age of 22 I was appointed assistant Surgeon, it is true, after a rigid examination and put in charge of a battalion of 500 infantry; with only a hospital steward to assist me.¹³

Ultimately, an estimated 3,400 physicians served in the Confederate Medical Service; its Union counterpart enrolled 11,700, or approximately one doctor for every 133 Northern soldiers and one for every 324 Southern ones.¹⁴

In large part because of the South’s colonial economy, Confederate army physicians faced serious shortages of medicines and medical stores. The North compounded this problem by systematically preventing their shipment to the South. One of the most inhuman moves by either side, this measure, it has been contended, “did not shorten the conflict by a day, but cost the Southern troops untold agony.”¹⁵ Confederate attempts to remedy this situation by domestic manufacture, blockade running, and raids on

Union supply lines met with only limited success.¹⁶ The ensuing grievous shortages were aggravated by the South's declining military fortunes from the summer of 1863 on, as frequent breaking up and moving of hospitals lost or abandoned irreplaceable supplies and equipment. The Southern surgeon's meager supply of essential medicines and instruments made him, in the words of Hunter McGuire, one of the Confederacy's leading medical officers, "fertile in expedients of every kind." He elaborated:

I have seen him search field and forest for plants and flowers whose medicinal virtues he understood and could use. The pliant bark of a tree made for him a good tourniquet; the juice of the green persimmon, a styptic; a knitting-needle, with its point sharply bent, a tenaculum; and a penknife, in his hand, a scalpel and bistoury. I have seen him break off one prong of a common table fork, bend the point of the other prong, and with it elevate the bone in depressed fracture of the skull, and save life. Long before he knew the use of the porcelain-tipped probe for finding bullets, I have seen him use a piece of soft pine wood, and bring it out of the wound marked by the leaden ball.¹⁷

Each Southern regiment was supposed to have two commissioned medical officers, surgeon and assistant surgeon, and a hospital steward, a pharmacist of sorts, whose duties were to safeguard the supply of medicines, to prepare prescriptions, and to act as a general assistant to the two medical officers. A fourth man, commonly called the "knapsack-toter," carried a knapsack, actually a first aid kit, containing emergency quantities of the most used drugs and bandages and accompanied the assistant surgeon on the battlefield. There were, in addition, stretcher-bearers, usually handicapped or disabled soldiers, to evacuate the casualties.¹⁸

The surgeon was the chief regimental medical officer and had general responsibility for medical and surgical matters. In camp and on the march he divided the work load equitably and showed little concern for rank or privilege. But the situation could change drastically when a battle was eminent. William Taylor, assistant surgeon of the 19th Virginia Regiment, claimed with tongue in cheek:

They were prone to become very lordly indeed, cavorting fussily around and ordering us assistant surgeons to move up to the front, and giving us commands, which if we had obeyed them to the letter, would have been the death of us—after which they retired, or to speak with accuracy, fled to the shelter of their field hospitals.

At times, however, the tables turned. Taylor recalled one such occasion with obvious satisfaction:

We assistant surgeons were once much comforted by seeing a group of our chiefs knocked out by an unexpected cannonball which tore off the roof of a house under

whose protection they were chattering in great glee, and gave each one of them a substantial spanking with the shingles.¹⁹

The assistant surgeon was the backbone of the Confederate medical department. Charged with the everyday details of his unit's health services, he carried most of the burden of treatment. Necessarily in close contact with the common soldier, he looked after him in camp, ministered to him on the march, and came to his aid on the battlefield. This intimacy, coupled with shared experiences, forged strong bonds of understanding, and often friendship, between himself and the Confederate soldier and added an important personal dimension to his practice. Indeed, as the war progressed, lines separating the two groups tended to become blurred. Nowhere was this development more noticeable than in their daily lives. "The domestic economy of the assistant surgeon," one claimed, "was much the same as that of the privates."²⁰

Military practice of the Confederate assistant surgeon in the field was graphically depicted by William Taylor:

Early in the morning we had sick-call, when those who claimed to be ill or disabled came up to be passed upon. Diagnosis was rapidly made, usually by intuition, and treatment was with such drugs as we chanced to have in the knap-sack and were handiest to obtain. In serious cases we made an honest effort to bring to bear all the skill and knowledge we possessed, but our science could rarely display itself to the best advantage on account of the paucity of our resources. On the march my own practice was of necessity still further simplified, and was, in fact, reduced to the lowest terms. In one pocket of my trousers I had a ball of blue mass [mercurial ointment], in another a ball of opium. All complaints were asked the same question, "How are your bowels?" If they were open, I administered a plug of opium; if they were shut I gave a plug of blue mass.²¹

But the battlefield was the assistant surgeon's true test, and as Taylor put it:

It was on the battlefield that the assistant surgeon was in his own sphere, for it was the method of our service for him to be with the troops when they were in action, that he might render immediate aid to the wounded. Here he did his strenuous work. Abandoned by the surgeon to his fate he had to depend upon himself, and here was sternly tested whatever he possessed of resource, fortitude and self-sacrifice.²²

A more challenging arena to test one's mettle probably could not have been found, for as Taylor added: "For my own part, I freely admit that I was never in a battle but that I should have felt the most exultant joy had I been out of it."²³

Armed with a few essentials—some surgical instruments, ligatures,

needles and pins, tourniquets, bandages, lint, splints, and a pain-killer, sometimes morphine or opium, but often whiskey or brandy—the assistant surgeon advanced with the troops.²⁴ As they moved into position, he noted likely locations for forward aid stations. Any cover—trees, fences, haystacks, depressions in the earth, and gullies in particular—were committed to memory.²⁵ This process repeatedly exposed him to enemy fire, a hazard well illustrated by the experience of Simon Baruch, assistant surgeon of Kershaw's Brigade of South Carolinians:

On one occasion I had the honor to be a target for an ambitious artilleryman who must have mistaken me for a general, because he had doubtless been informed that a group of officers had been seen whose horses were held when dismounted. I was one of that number of surgeons engaged in selecting a site for a field hospital while the brigade was maneuvering for its place in the line of battle. Being left at this place curiosity prompted me to peer through the dust and smoke of the battle that was raging in the valley below, when I heard a sound like a mowing machine in action. On looking up I was astonished to see a round shot the size of a small melon rushing towards me strike about three feet away and ricochet beyond sight. Another shot on the other side warned me that I was the target and I galloped away.²⁶

At times, a protected place could not be found and the combat physician's only protection was sitting or lying on the ground with the wounded soldier under treatment.²⁷ An assistant surgeon with a Tennessee infantry brigade was caught in this situation in front of Atlanta in July 1864. The wounded soldier he was treating, the unit's chaplain observed, was hit again and died in the physician's arms. He admiringly asserted: "With perfect coolness the doctor crawled a few steps to another sufferer and bound up his wounds."²⁸ Battlefield developments, without warning, frequently stripped the assistant surgeon of his cover. Herbert Nash, serving with an unidentified Virginia regiment, found himself in such a predicament during the skirmishing along the Rappahannock preceding the battle of Fredericksburg:

On one occasion I found my station near the batteries exposed to an enfilading fire. The roadway to the river had to be crossed before a better one could be secured. Every few minutes a shell would come screaming through the open roadway. Watching the flash of the Federal guns, I ran across safely, but my poor drummer boy followed me too closely, was struck by a shell, tearing and lacerating his left thigh, causing him to sink rapidly into shock and death, giving me great distress as I watched the ebbing away of his brave little life.²⁹

Under heavy fire and unarmed, the assistant surgeon shifted positions in response to the unfolding battle. Not until someone was struck down was

he provided with the opportunity of what William Taylor termed an "honorable retreat" to the safety of an aid station. Recalling his feelings while under fire, Taylor confessed:

I will not hypocritically assert that in those days I was ostentatiously pious, but when I was under these baptisms of fire it was my wont to pray as devoutly as my religious knowledge and experience qualified me to do that I might be spared merely till some one got hit—and I was particularly fervent in the aspiration that this might befall [I] right speedily.³⁰

The assistant surgeon at the front provided first aid which, as one said, consisted chiefly of "extracting bullets, legating bleeding vessels, checking hemorrhages in different ways, splinting fractured limbs so that the poor sufferers could be sent in ambulances to the real hospital for appropriate treatment."³¹ The most common treatment was whiskey to ward off "shock" and preliminary bandaging to protect the wound, followed by transfer to the field hospital.³²

Occasionally, the assistant surgeon had to leave his post to treat casualties unable to come to the field aid station. Such treks frequently involved considerable risk. During the Seven Days campaign, Herbert Nash maneuvered across a muddy field between the lines to examine two soldiers on picket duty who reportedly had been poisoned. The culprit, he found, was a freshly varnished spade on which they had been frying their food. Nash and the drummer boy who carried his knapsack decided to return to their unit by way of a railway cut to avoid the mud of the field. Nash recounted:

We had scarcely gone two hundred yards when a Federal battery heretofore concealed opened down the railway. Each side of the railway was too steep and slippery to ascend, so we quickened our pace to get under cover of quite a sharp curve in the road to escape the shell. The first shot went over our heads, the second fell short, but the third struck the knapsack in the right hand of the drummer and whirled him around violently into the ditch, doing little harm to the boy, but playing destruction to the knapsack. We were now not long in getting around the curve.³³

If after the battle the South controlled the field, the assistant surgeon helped to evacuate casualties, Confederate and Union. Although "willingly performed," this was a demanding and a sorrowful duty.³⁴ Fighting frequently ranged over extensive areas of difficult terrain, and the wounded and dead were scattered all over it, often in out-of-the-way places where they had sought safety. And the butchery was horrible. Abner McGarity, assistant surgeon with the 21st Georgia Regiment, helped to clear the field at Chancellorsville. He wrote his wife:

It was a great victory but a costly one. You can't conceive of the amount of suffering that is witnessed on the battlefield. The groans of the wounded are heart-rending....I suppose I [d]ressed one hundred yankees, after we got through with our own.³⁵

At the end of the first day's fighting at Gettysburg, LeGrand Wilson was sent to see that the dead of his 42nd Mississippi Regiment were buried and the wounded sent back to the field hospitals:

This forced me to go all over the horrid field. The pioneer corps soon came, and I selected a place to bury our dead, when they went to work digging the trenches. My litter corps brought in the dead as rapidly as possible. The poor, wounded Federals were crying piteously for water in every direction. We kept our canteens filled and administered comfort to as many as possible. This was my first experience on the battlefield after the fighting, and it was horrible beyond description. If every human being could have witnessed the result of the mad passions of men as I saw it that night, war would cease, and there would never be another battle.³⁶

F.E. Daniel, dispatched to evacuate the casualties from the battle of Perryville, agreed:

Oh, horrors upon horrors. Who can depict the horrors of a battlefield after such butchery. Shame upon shame! Brothers, of one blood, of one race! Let's drop the curtain. It makes me sick even now to think of what I saw that night, and the next, and the next. I wouldn't, if I could, describe it.³⁷

The discovery of maimed or dead friends and relatives was the most painful part of this duty. LeGrand Wilson was grief-stricken upon finding the broken body of his nephew, Lt. George Adrian Howze, on the field at Gettysburg. His grief grew as the evacuation of casualties continued, for Howze was but one of numerous deaths the 42nd Mississippi suffered, many of them Wilson's friends. He lamented:

When I saw my regiment on dress parade for the first time after our return to Virginia the change the short campaign had made caused a pang of sorrow. The regiment was in command of a Captain. The Colonel, dead, the Lieutenant-Colonel, a hopeless cripple and the Major severely wounded....Many of the company officers gone and in the ranks, great gaps, great gaps!³⁸

Spencer Welch, assistant surgeon of the 13th South Carolina Regiment, was on the field after the Battle of the Wilderness:

As usual on such occasions groans and cries met me from every side. I found Colonel James Nance, my old schoolmate, and Colonel Gaillard of Fairfield lying side by side in death. Near them lay Warren Peterson, with a shattered thigh-bone, and still others who were my friends.³⁹

Battlefield carnage prompted many acts of laudable compassion on the part of harried combat physicians. Friend and foe were the recipients. A

young soldier from the Army of Tennessee's 1st Tennessee Regiment was so severely wounded at Chickamauga that he could not be carried from the field. Dr. Charles Quintard, who had given up medicine for the ministry, was the unit's chaplain and reserve assistant surgeon. He erected a tent over the boy and nursed him until he could be evacuated.⁴⁰ During the Battle of the Wilderness, Spencer Welch left his post at the front and rode two miles to the rear to treat a badly wounded "poor yankee" that the fighting had swept past. Welch found him paralyzed from a gunshot wound in the back. Little could be done, but he gave him water and morphine and made him as comfortable as possible.⁴¹ At Cold Harbor, LeGrand Wilson helped to stage a daring nighttime rescue of a seriously injured Union soldier—apparently a fellow Mason—who was trapped between the lines.⁴²

Casualties were evacuated in rude ambulances from the front to field hospitals, where the regimental surgeons waited. In the opening days of the war some spring conveyances had been available, but these soon gave way to common farm wagons which severely jolted the wounded as they were drawn by mules through uneven, often wooded terrain or on roads badly rutted by artillery and supply trains. Inclement weather and inconsiderate drivers added to the occupants' misery.⁴³

The field hospital was usually two or three miles to the rear of the battle lines. In reality, it bore little resemblance to a hospital as LeGrand Wilson made clear: "To apply the term hospital to this field station is really a misnomer."⁴⁴ The one at Second Manassas in which Simon Baruch performed his first military surgery, was described by him as "a small house . . . in which an operating table was extemporized, by laying a door upon a barrel and a box,"⁴⁵ was probably typical. One shocked visitor likened the scene at the field hospital to "butcher's shamble";⁴⁶ another called the huge pile of amputated arms and legs he saw the most horrible sight of his entire life.⁴⁷ Graphic descriptions of the field hospital during the battle of First Manassas and Malvern Hill have been left by W. W. Blackford, an officer in J. E. B. Stuart's command. He wrote of the scene at First Manassas:

Along a shady little valley . . . the surgeons had been plying their vocation all the morning upon the wounded. Tables about breast high had been erected upon which screaming victims were having legs and arms cut off. The surgeons and their assistants, stripped to the waist and all bespattered with blood, stood around, some holding the poor fellows while others cut and sawed with a frightful rapidity, throwing the mangled limbs on a pile nearby as soon as removed. Many

were stretched on the ground awaiting their turn, many more were arriving continually, either limping along or borne on stretchers, while those upon whom operations had already been performed calmly fanned the flies from their wounds. But among these last, alas! some moved not—for them the surgeon's skill had not availed. The battle roared in front—a sound calculated to arouse the sublimest emotions in the breast of the soldier, but the prayers the curses, the screams, the blood, the flies, the sickening stench of this horrid little valley were too much for the stomachs of the men, and all along the column, leaning over the pommels of their saddles, they could be seen in ecstasies of protest.

Blackford did not arrive at Malvern Hill, part of the Seven Days' action, until nightfall, and his path went through the Southern field hospitals:

My approach lay through a forest, and the horrors of the rear during an action were, if possible, increased by the glare of the torches and lanterns around the amputating tables of the surgeons on either side of the road. Illuminated in this way, the forest looked like a vast hall into whose corridors poured lines of ambulances and stretchers borne on the shoulders of men, all loaded with mutilated humanity, while limping along in great numbers came those whose wounds were less serious. It was a repetition on a far greater scale of that scene . . . at the First Battle of Manassas.⁴⁸

Once his duties at the front had been completed, the assistant surgeon joined the regimental surgeon in the field hospital, where, as was usually the case before hostilities commenced, distinctions between the two tended to blur. During extended or hotly contested engagements, casualties swamped the field hospitals. Spencer Welch described the situation which he found upon his arrival at the rear during Second Manassas: "I saw large numbers of wounded lying on the ground as thick as a drove of hogs in a lot."⁴⁹ U. G. Owens, surgeon of the 4th Tennessee Regiment, remarked of the battle of Murfreesboro:

For three days the Surgeons were all very busy. We could not care for one-half [of the injured] as they were wounded so fast. 2[00] or 300 crying doctor, doctor at the same time. Some dying, others groaning &c. &c. All made a horrible scene.⁵⁰

In several instances the burden proved too great and field medical services broke down, as was the case at Malvern Hill. Spencer Welch witnessed firsthand the flood of casualties from this battle descend on Richmond:

They came pouring into the hospitals by wagon loads. Nearly all were covered with mud, as they had fought in a swamp most of the time and lay out all night after being wounded. Many of them were but slightly wounded, many others severely, large numbers mortally, and some would die on the road from the battlefield. In every direction the slightly wounded were seen with their arms in slings, their heads tied up, or limping about.⁵¹

It was in a highly inauspicious setting, then, that the Confederate doctor in the field hospital “got in,” as LeGrand Wilson put it, “his ministrations of mercy to the wounded.” The aid was not much more promising than the environment. Wilson went on:

Often we had the pleasure of saving life by the legation of an artery, or application of the tourniquet. Here often we had the sad pleasure of writing down last messages of love and affection to the dear ones at home, whispering words of consolation and hope into the ears of the dying.⁵²

Field-hospital casualties presented a wide spectrum of injury. In general, injuries fell into three broad categories: severe flesh wounds, broken bones, or penetration of vital organs. Most wounds were inflicted by the conoidal leaden minie ball. Highly dangerous from its low velocity which caused it to tumble or flatten on impact, it produced a ragged, gaping wound of exit and often a compound or comminuted fracture of the bones.⁵³ One Southern medical officer asserted: “The shattering, splintering, and splitting of a long bone by the impact of the minie . . . ball [was], in many instances, both remarkable and frightful. Early experience taught surgeons that amputation was the only means of saving life.⁵⁴ Such empirical observations seemed to reinforce the findings of the British surgeons in the Crimean War, where it had been concluded that under existing methods of treatment the wounding of any joint or the shattering of a long bone by a gunshot usually proved fatal. Consequently, in the early days of the war amputation for both—and the sooner the better—became the rule of thumb.⁵⁵ As the war wore on, however, further observation was to lead to a conservative reaction against primary amputation, making this question one of the conflict’s most hotly debated subjects.⁵⁶ In any case, thousands of Civil War soldiers suffered indescribable agony and risked death from secondary infection from this practice. F. E. Daniel, who performed many, movingly described the ordeal of amputation:

I see a strong man stretched prone on the table. I see the aproned surgeons—stern of visage—kind and gentle of heart; I see the gleam of a long knife; I see the warm life-blood spurt out as it cleaves the quivering white flesh. I hear the grating of the saw as it cuts its way thro’ the bleeding bone. I see the ghastly wound, gaping, gory; its flabby flap weeping crimson tears. The thirsty sponge drinks them eagerly; they are quickly dried, closed, stitched; and a roller bandage is turned around the stump.⁵⁷

Actual case histories are not less gory. During Second Manassas, Spencer Welch assisted in the amputation of an acquaintance’s arm without

chloroform; he held the artery while the regimental surgeon cut off the shattered limb.⁵⁸ A hospital steward in this engagement recalled: "Many a poor fellow did I hold while his leg or arm was taken off."⁵⁹ Such drastic practices on so large a scale moved one student of Civil War medicine to characterize much of its surgery as "resembling actual butchery."⁶⁰

But wholesale amputation was only the Confederacy's most obvious surgical dilemma. Other problems grew out of the want of skill, experience, and necessary medicines and equipment. Simon Baruch, by his own admission, had never so much as lanced a boil when he performed his first surgery at Second Manassas.⁶¹ F. E. Daniel claimed to have performed an amputation with a pocketknife and a common saw.⁶² Chloroform was in such short supply that it was usually adulterated to make it go further. Daniel reminisced: "I remember a lot that smelled like turpentine."⁶³ The management of wounds often produced tragic results. In this prebacteriological era, there could have been little appreciation for the principles of antisepsis and asepsis. It was commonly believed then that suppuration was normal to the healing of wounds, and doctors often sought to produce it as quickly as possible by applying hot cloths, and sometimes poultices, to the wound. The appearance, on the third or fourth day, of a creamy pus, or "laudable pus" as it was termed, was greeted with satisfaction.⁶⁴

Instances of surprising surgical successes at the field level, resulting in spared lives and rescued limbs, are documented. Few match the experience of two Virginia brothers serving as assistant surgeons with Georgia regiments. In the retreat from Cedar Mountain, Va., in August 1862, they were overtaken by a courier seeking aid for a wounded man. The two physicians were led to a gruesome scene—an officer lying in a field with his intestines not only hanging out but covered with grass and sand. Just as they were about to dismiss him as doomed, the wounded man roused and demanded treatment. The brothers had him carried to a nearby farmhouse and placed on the dining room table. They attempted to dress his wound, the result of a shell which had torn away the abdominal wall, crushed the bones of one hip, and narrowly missed the intestines. The abdominal cavity was washed out with a saline solution and a handful of sand and vegetable matter was removed; the broken end of the hip bone was cut out; and the wound was sutured with a common needle and household thread. Surprisingly, the wounded officer survived to enjoy a successful postwar career in the Egyptian army.⁶⁵

Duty in the field hospital exacted a heavy toll from the Confederate

doctor, as illustrated by Charles Quintard's ordeal during the battle of Perryville:

When the wounded were brought to the rear, at three o'clock in the afternoon, I took my place as a surgeon on Chaplain's Creek, and throughout the rest of the day until half past five the next morning, without food of any sort, I was incessantly occupied with the wounded. It was a horrible night I spent,—God save me from such another. I suppose excitement kept me up. About half past five in the morning of the 9th, I dropped,—I could do no more. I went out by myself and leaning against a fence, I wept like a child. And all that day I was so unnerved that if any one asked me about the regiment, I could make no reply without tears. Having taken off my shirt to make bandages, I took a severe cold.⁶⁶

A similar experience during the battle of Chancellorsville left Spencer Welch unable to sleep soundly. He turned to drink for relief: "I would wake up cold during the night and reach out for a jug of whiskey and take a swallow and go back to sleep again."⁶⁷ At Gettysburg, Simon Baruch spent two days and nights "in constant operations and vigils."⁶⁸

Like the battlefield, the field hospital saw many acts of compassion between the combatants. During the battle of Antietam, victorious Federals overran Simon Baruch's hospital. A Northern medical officer volunteered to help care for the hapless Southern casualties. Baruch recalled: "The treatment of myself and the Confederate wounded, by Surgeon J. P. Daly, a jolly, kind-hearted Irishman, was more than humane. It was sympathetic and cordial."⁶⁹ He cheerfully returned Daly's kindness a few months later during the battle of Chancellorsville when his unit captured a Northern field hospital and he helped to treat its patients.⁷⁰

Whether he won or lost, once the battle was over there was usually a period of rest for the Southern soldier, but this was seldom the case for the field medical officer. The aftermath of battle was one of his busiest times, for in addition to the usual duties, which had been greatly expanded by the recent hostilities, he had the urgent responsibility to prepare the seriously wounded for evacuation to the large general hospitals in the rear. Herbert Nash appropriately termed those surgeons caught up in this situation "the busiest of men."⁷¹ Abner McGarity's experiences support Nash's contention. He wrote home after the battle of Chancellorsville: "I am gloomy this morning. . . . I am worked down. Last night I was up all night attending our wounded—we succeeded in getting them off to Richmond this morning, with very few exceptions—some not able to be shipped."⁷² A few months later, after Gettysburg, he stated:

Of all days['] work, this has been the hardest. Last night we received orders to send all the men that would at all do for duty to their Regts., and all that would not do for duty that could walk under any circumstances to the Hospt. at Staunton [Virginia] distant Ninety Eight Miles. Well, besides our usual rounds of prescriptions, operations etc. we had to make out the two lists, fix up the squads, rations, etc. which made the work very heavy. There are Nine Doctors here and we had One Thousand men this morning, and sent off Six Hundred.⁷³

The Southern field medical officer's chance of capture was considerable, as battlefield developments frequently, and without warning, shifted the lines. Led by the South, the position was adopted by early 1863 that doctors did not make war and should be exempt from confinement as prisoners of war.⁷⁴ In practice, this principle was not always followed, as an episode in the Civil War career of Simon Baruch illustrates. During the battle of Gettysburg his hospital fell into Union hands. He was detained for several weeks on the battlefield and then imprisoned at Fort McHenry in Baltimore. At Gettysburg Baruch was allowed to requisition commissary and medical supplies for casualties under his care and formed warm friendships with several Northern medical officers. Six weeks later Baruch and more than 100 other Southern surgeons were sent to Fort McHenry, supposedly in retaliation for the Confederacy's alleged persecution of a Unionist physician in western Virginia. Although imprisoned, Baruch was not mistreated, and called his stay at Fort McHenry "the most agreeable episode of [the] war." He remained in Union hands until after the battle of Chickamauga, when a general exchange of medical officers was arranged.⁷⁵

In the event of retreat or withdrawal, it was standard procedure for medical officers to stay with casualties too serious to be evacuated. This was a dreaded duty, often decided by drawing lots, for being left behind meant months of separation from one's unit and friends. LeGrand Wilson, whose near capture as a company officer when his regiment had surrendered at Fort Donelson left him with a paralyzing fear of falling into the enemy's hands, strenuously objected when informed that he was to remain behind with the 42nd Mississippi's unmovable casualties in the retreat from Gettysburg. So persistent was he in his opposition that his commanding officer assigned him to accompany a wagon train of evacuees destined for Williamsport, Md. The line of wagons was immense, stretching for miles. The hot, 50-mile journey began on the morning of July 6, lasted all that day and night and all the next day, reaching Williamsport the second night. As the heavily loaded wagon train neared Hagerstown, Md., it was attacked by a squadron of Union cavalry. Nearly all of Wilson's section

was captured, but the outcome might have been worse had he not seen the raid coming. Running back along the wagons, he ordered the walking wounded to climb a fence and hide in the woods, thereby escaping capture.⁷⁶

The very nature of his duty—the long marches, the perils of the battlefield, and the pressures of the field hospital—made the Confederate field medical officer a ready target for disease and injury. Reliable statistics for the South are not available, but it has been claimed that the Union medical service experienced the highest casualty rate of any staff corps.⁷⁷ If the picture in Stonewall Jackson's Corps, as depicted by Hunter McGuire, the Medical Director, was typical, a similar claim can be made for the Confederate medical service:

Many of the medical officers of this corps were wounded or killed on the field. One, I saw fall at Strasburg, amid the cheers of soldiers at the evidence he gave of devotion to duty; another at Sharpsburg, facing an assault before which even veterans quailed and fled; and a third I found upon the bloody field at Cold Harbor, dying with a shell-wound through his side.⁷⁸

The Confederacy's field medical corps had its detractors. In fact, strong criticisms were leveled against both medical departments.⁷⁹ That incompetents found their way into the Confederate medical service and careless, even cruel, acts were committed cannot be denied, but a blanket condemnation of the Southern surgeon does not bear up under careful investigation. Rather, a thorough examination shows that, as a group, the Confederacy's military doctors were competent, conscientious, and courageous, and for every act of neglect there were hundreds of dedication and self-sacrifice.⁸⁰ Moreover, most complaints were lodged in the wake of major battles when medical services were taxed to their fullest. The contention that the hostilities transformed the Southern medical officer from an isolated, rural general practitioner into a competent military surgeon seems closer to the truth. In agreement, Hunter McGuire asserted: "The hardships he endured and the privations to which he was subjected soon transformed him from a novice to a veteran; and I can say with truth that, before the war ended, some of the best military surgeons in the world could be found in the Confederate Army."⁸¹

The medical effort of the Confederate field doctor, then, was valiant and commendable. As one of their number eloquently summarized it:

The medical practitioners of the South gave their lives and fortunes to their country, without any prospect of military or political fame or preferment. They searched the fields and forests for remedies; they improvised surgical implements

from the common instruments of every day life; they marched with the armies, and watched by day and night in the trenches. The Southern surgeons rescued the wounded on the battlefield, binding up the wounds, and preserving the shattered limbs of their countrymen; the Southern surgeons through four long years opposed their skill and untiring energies to the ravages of war and pestilence. At all times and under all circumstances, in the rain and sunshine, in the cold winter and burning heat of summer, and the roar of battle, the hissing of bullets and the shriek and crash of shell, the brave hearts, cool heads and strong arms of Southern surgeons were employed but for one purpose—the preservation of the health and lives and the limbs of their countrymen. The Southern Surgeons were the first to succor the wounded and the sick, and their ears recorded the last words of love and affection for country and kindred, and their hands closed the eyes of the dying Confederate soldiers. It is but just and right that a Roll of Honor should be formed of this band of medical heroes.⁸²

Modern support for this contention has come from a leading historian of Civil War medicine:

If, as has been said, Stonewall Jackson was the strong right arm of the high command and Jeb Stuart its keen eye, it may be equally true that the medical department provided the means and skill by which not only the arms and eyes, but the entire Confederate organism continued to function.⁸³

Sadly, the Southern field medical officer, like his Union counterpart, has received little attention from Civil War historians. Recognition has instead gone to the "political soldiers," those ambitious military figures who, one Southern surgeon claimed, "rose to power and wealth upon the shoulders of the sick and disabled soldiers of the Confederate army by sounding upon all occasions '*their war records*.'" ⁸⁴ But all the blame does not lay with the generals and must rest upon the shoulders of each succeeding generation of Americans since Appomattox, for we have been the ones who have chosen to overlook "the terrible" for "the glorious." As long as this practice is perpetuated the real significance of the struggle will continue to go unrecognized and the combat physician, North and South, will remain its "forgotten man."⁸⁵

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